

FEB 26 1996

BEFORE COPYING F

SITE NAME: EPA RCRA ID No. IAD000819110

EPA ID NO:

Square D Company
3700 6th Street, SW
Cedar Rapids, IA

RECEIVED

FEB 26 1996

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
ICIDENTIFICATION AND
CERTIFICATION

IRSP. BRANCH

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County LINN
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →		
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or →	G. State Same as label IA	H. Zip Code Same as label 52406-3069

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (GO TO BOX B)		
B. Number and street name of mailing address P. O. Box 3069		
C. City, town, village, etc. Cedar Rapids	D. State IA	E. Zip Code 52406-3069

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. Jensen James C	B. Title Safety, Health, & Environmental Manager	C. Telephone 319-691-6433 Extension 6433
--	---	--

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I. Blanch, Jr. Richard J.	B. Title Plant Manager
C. Signature 	D. Date of signature 02 22 96 MO. DAY YR.



DP1118196

Sec.V - Generator Status. Instruction pages 10, 12.

A. 1995 RCRA generator status

(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG SKIP to SEC. VI
☐ 3 CESQG
☐ 4 Non generator (Continue to Box B)

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

A. Storage subject to RCRA permitting requirements

1

B. Treatment, disposal, or recycling subject to RCRA permitting requirements

1

C. RCRA-exempt treatment, disposal, or recycling

3

Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15.

A. Did this site begin or expand a source reduction activity during 1994 or 1995?

- ☐ 1 Yes
☒ 2 No

B. Did this site begin or expand a recycling activity during 1994 or 1995?

- ☒ 1 Yes
☐ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?

- ☐ 1 Yes
☒ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995?

(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995?

(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD000819110

Square D Company

EPA ID NO:

3700 6th Street, SW

Cedar Rapids, IA

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IRSP. BRANCH

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

Florescent lamps from the facility containing mercury

B. EPA hazardous waste code Page 19.

D 0 0 9 N A

N A N A

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 6 1 3

E. Origin code Page 19

System
Type M

F. Source code Page 20.

A 9 9

G. Point of measurement
Page 20.

1

H. Form code
Page 20.

B 3 1 9

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.

N A

B. Quantity generated in 1995
Page 21.

1 5 2 6 . 0

C. UOM
Page 21.

1 lbs/gal 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

M

Quantity treated, disposed, or recycled on site
in 1995

1 5 2 6 . 0

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

M

Quantity treated, disposed, or recycled on site
in 1995

1 5 2 6 . 0

Sec. III

A. Was any of this waste shipped off-site in 1995 ☒ 1 Yes (CONTINUE TO BOX B)
Instruction page 22. ☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

W I D 0 7 1 1 6 4 0 3 2

C. System type shipped to
Page 23.

M 0 1 4

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1995
Page 23.

1 5 2 6 . 0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

N A

C. System type shipped to
Page 23.

M

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1995
Page 23.

1 5 2 6 . 0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W W

C. Other effects Page 25.

☐ 1 Yes
☒ 2 No
D. Quantity recycled in 1995 due to new activities
Page 25.

1 5 2 6 . 0

E. Activity/production
index Page 25.

1

F. 1995 source reduction quantity Page 26.

1 5 2 6 . 0

Comments:

Florescent lamp containing mercury from lamp replacement during 1995

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: EPA RCRA ID No. IAD000819110 _____
 Square D Company
 EPA ID NO: 3700 6th Street, SW
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GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

Ignitable spent solvent from cleaning operation in the spray booth and
 assembly lines; the solvent is Xylene

B. EPA hazardous waste code Page 19.

F 0 0 3 D 0 0 1
 D 0 1 8 N A N A

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 6 1 3

E. Origin code Page 19

System
 Type M

F. Source code Page 20.

A 2 1

G. Point of measurement
Page 20.

1

H. Form code
Page 20.

B 2 0 3

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.

2 2 0 . 0

B. Quantity generated in 1995
Page 21.

2 2 0 . 0

C. UOM
Page 21.

5 0 . 8 8
☐ 1 lbs/gal ☒ 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

M

Quantity treated, disposed, or recycled on site
in 1995

2 2 0 . 0

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

M

Quantity treated, disposed, or recycled on site
in 1995

2 2 0 . 0

Sec. III

A. Was any of this waste shipped off-site in 1995 ☒ 1 Yes (CONTINUE TO BOX B)
 Instruction page 22. ☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

W I D 0 0 0 8 0 8 8 2 4

C. System type shipped to
Page 23.

M 0 6 1

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1995
Page 23.

2 2 0 . 0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

NA

C. System type shipped to
Page 23.

M

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1995
Page 23.

2 2 0 . 0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
 Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W W
 W W

C. Other effects Page 25.

☐ 1 Yes
☒ 2 No

D. Quantity recycled in 1995 due to new activities
Page 25.

2 2 0 . 0

E. Activity/production
index Page 25.

2 2 0 . 0

F. 1995 source reduction quantity Page 26.

2 2 0 . 0

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD000819110

EPA ID NO:

Square D Company
3700 6th Street, SW
Cedar Rapids, IA



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PROTECTION AGENCY

1995 Hazardous Waste Report

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FORM
PS

WASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

IRSP. BRANCH

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description

Instruction Page 38.

Neutralization of Acid Salt rinse water from bright dip operation

B. System type

Page 38.

M 1 2 1

C. Regulatory status

Page 39.

0 3

D. Operational status

Page 39.

0 1

E. Unit types

Page 39.

0 1 N A

Sec. II

A. 1995 influent quantity

Instruction page 40.

Total 4 2 9 8 5 8 . 0 UOM 5 Density 0 7 . 4 8
RCRA 4 2 9 8 5 8 . 0 X 1 lbs/gal □ 2 sg

B. Maximum operational capacity

Page 41.

Total 1 0 0 0 0 0 0 . 0
RCRA 1 0 0 0 0 0 0 . 0

C. 1995 liquid effluent quantity

Instruction page 42.

Total 9 1 9 7 1 6 . 0 UOM 0 Density 0 7 . 4 8
RCRA 8 5 9 7 1 6 . 0 X 1 lbs/gal □ 2 sg

D. 1995 solid/sludge residual quantity

Page 43.

Total N A UOM Density
RCRA N A □ 1 lbs/gal □ 2 sg

E. Limitation on maximum operational capacity

Page 43.

1. 0 5 2. N A 3. N A

F. Commercial capacity availability code

Page 43.

N A

G. Percent capacity commercially available

Page 43.

N A %

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD000819110

EPA ID NO:

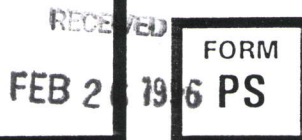
Square D Company
3700 6th Street, SW
Cedar Rapids, IA



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS



IRSP. BRANCH

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description

Instruction Page 38. Neutralization of Caustic Rinse water from a wash & dry line.

B. System type

Page 38.

M 1 2 1

C. Regulatory status

Page 39.

0 3

D. Operational status

Page 39.

0 1

E. Unit types

Page 39.

0 1 N A

Sec. II

A. 1995 influent quantity

Instruction page 40.

Total 429358.0 UOM 5 Density 0.748
RCRA 429358.0 ☒ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity

Page 41.

Total 100000.0
RCRA 100000.0

C. 1995 liquid effluent quantity

Instruction page 42.

Total 919716.0 UOM 5 Density 0.748
RCRA 859716.0 ☒ 1 lbs/gal ☐ 2 sg

D. 1995 solid/sludge residual quantity

Page 43.

Total N A UOM Density
RCRA ☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity

Page 43.

1. 0.5 2. N A 3. N A

F. Commercial capacity availability code

Page 43.

N A

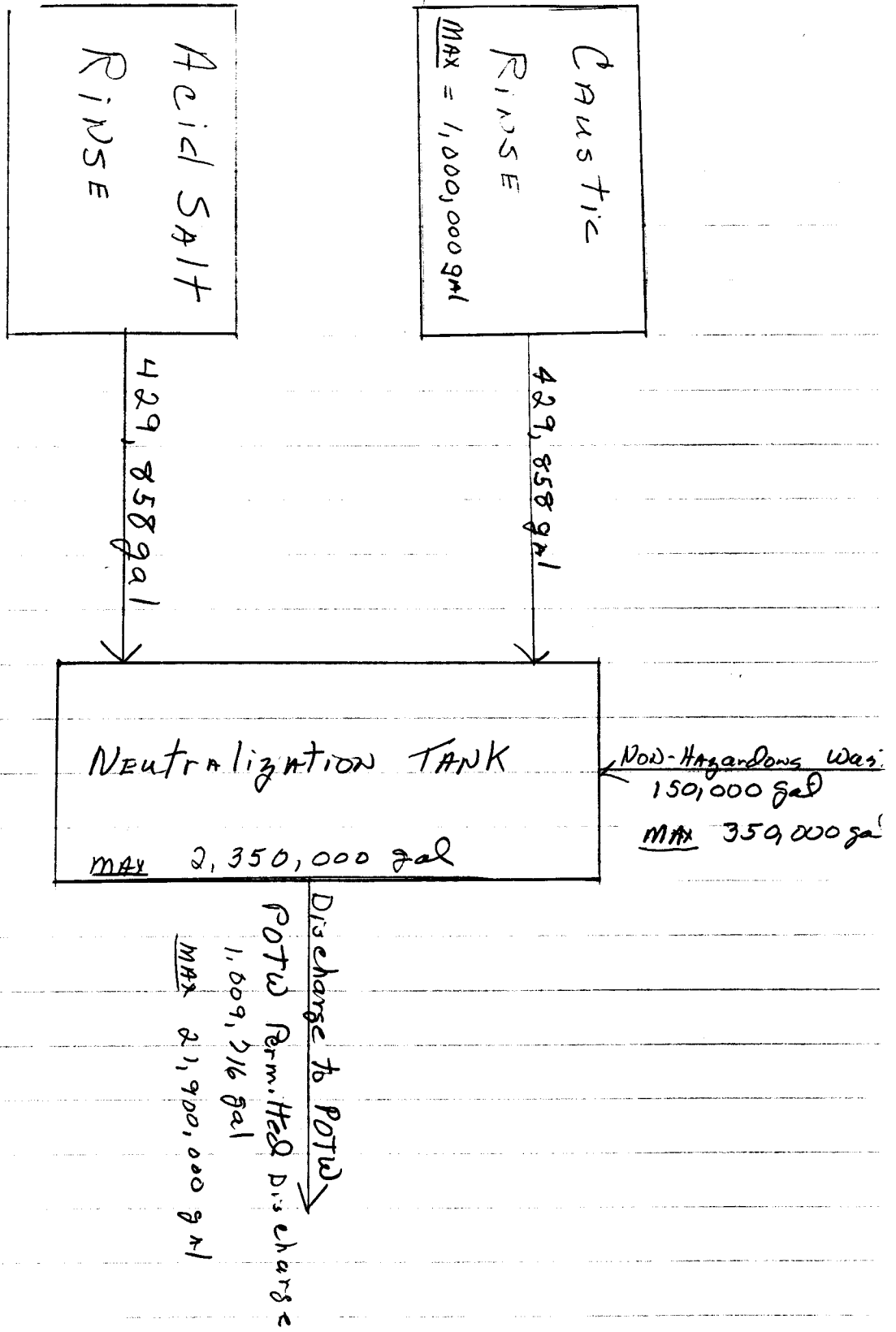
G. Percent capacity commercially available

Page 43.

N A %

Comments:

Square D Company
3700 6th Street, SW
Cedar Rapids, IA



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD000819110

EPA ID NO:

Square D Company
3700 6th Street, SW
Cedar Rapids, IA

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01U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

OFF-SITE
IDENTIFICATION

IRSP. BRANCH

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter I L D 9 8 4 9 0 8 2 0 2	B. Name of off-site installation or transporter Safety-Kleen Corporation
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____	
Site 2	A. EPA ID No. of off-site installation or transporter I A D 0 9 8 0 2 7 5 9 2	B. Name of off-site installation or transporter Safety-Kleen Corporation
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street 3035 West 73rd Street City Davenport State I A Zip 5 2 8 0 6 - N A	
Site 3	A. EPA ID No. of off-site installation or transporter I A T 2 0 0 0 1 0 5 9 3	B. Name of off-site installation or transporter Hydrite Chemical Company
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____	
Site 4	A. EPA ID No. of off-site installation or transporter W I D 0 0 0 8 0 8 8 2 4	B. Name of off-site installation or transporter Hydrite Chemical Company
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street 114 N Main Street City Cottage Grove State W I Zip 5 3 5 2 7 - N A	
Site 5	A. EPA ID No. of off-site installation or transporter M N D 9 8 1 7 7 6 2 5 5	B. Name of off-site installation or transporter Dynex Environmental, Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____	
Comments:		

INSTRUCTIONS FOR FILLING OUT

FORM OI - OFF-SITE IDENTIFICATION

WHO MUST COMPLETE THIS FORM?

Sites required to file the 1995 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State AND
- The site received hazardous waste from off site or sent hazardous waste off site during 1995.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1995. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1995.

Complete Boxes A through C for each transporter you used during the year. (The transporter address is not required in Box D).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1995, enter "NA" in Box A.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD000819110

EPA ID NO:

Square D Company
3700 6th Street, SW
Cedar Rapids, IA

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FORM
01

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

OFF-SITE
IDENTIFICATION

IRSP. BRANCH

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter W I D 0 7 1 1 6 4 0 3 2	B. Name of off-site installation or transporter Dynex Industries, Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street 6801 Industrial Loop City Greendale State WI Zip 53129 - N/A	
Site 2	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____ - _____	
Site 3	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____ - _____	
Site 4	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____ - _____	
Site 5	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____ - _____	
Comments: _____		

FORM OI - OFF-SITE IDENTIFICATION

WHO MUST COMPLETE THIS FORM?

Sites required to file the 1995 Hazardous Waste Report must submit Form OI if:

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- The site received hazardous waste from off site or sent hazardous waste off site during 1995.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1995. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1995.

Complete Boxes A through C for each transporter you used during the year. (The transporter address is not required in Box D).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1995, enter "NA" in Box A.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.



SQUARE D COMPANY
GROUPE SCHNEIDER

DISTRIBUTION EQUIPMENT BUSINESS
BOX 3069 - 3700 SIXTH STREET S.W., CEDAR RAPIDS, IA 52406-3069
PHONE 319-365-4631 FAX 319-369-6600

February 23, 1996

U.S. EPA Region 7
ARTD/IRSP
726 Minnesota Avenue
Kansas City, KS 66101

RECEIVED
FEB 26 1996
IRSP. BRANCH

Dear Sirs:

REF: Biennial Report

Enclosed you will find a completed Biennial Report for 1995. This report is identified as the 1995 Hazardous Waste Report.

If you have questions or need more information, please contact me at 319/369-6433.

James C. Jensen
Safety, Health & Environmental Manager

cc: Joe Blanck - Square D Company, Cedar Rapids
Al Rickard - Square D Company, Cedar Rapids

RCRIS HANDLER INFORMATION REPORT

December 5, 1995

The information summarized below has been entered into EPA's RCRA Computer Data Base for the INSTALLATION LOCATION AND EPA RCRA Identification Number listed. If any of this information is inaccurate, you may notify us of the change(s) by writing to us, telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, or simply marking any changes on this report and sending it to EPA at:

EPA REGION 7 - ARTD/IRSP
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call our Iowa RCRA Hazardous Waste Inquiry Helpline number (913) 551-7861, and leave a message. Someone will get back to you as soon as possible.

EPA RCRA ID Number: IAD000819110

Name of Company/Installation: SQUARE D CO
Location of Installation: 3700 6TH ST SW
City/State/Zip: CEDAR RAPIDS, IA 52404
County: LINN

Mailing Address: PO BOX 3069
City/State/Zip: CEDAR RAPIDS, IA 52406

Installation Contact: JAMES JENSEN
Job Title: LOSS CONTRL MGR
Phone Number: (319)369-6433
Contact's Address: PO BOX 3069
City/State/Zip: CEDAR RAPIDS, IA 52406

Current Owner of Installation: SQUARE D COMPANY
Owner's Address: 1415 ROSELLE RD-EXECUTIVE PLZA
PALATINE, IL 60067
Phone Number: (708)397-2600

Land Type: Private
Owner Type: Private

TYPE(S) OF REGULATED ACTIVITY: LARGE QUANTITY GENERATOR

Hazardous Wastes Handled: D001, F003, D009

N 12/19/94 1


SIGNATURE

Joe Blanc Plant Mgr
NAME & OFFICIAL TITLE

2/22/96
DATE SIGNED

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.